



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

## Delaware River Pilot Apprentice Application

Complete application and submit with non-refundable processing fee of \$99.00. Your check or money order should be made payable to the "State of Delaware." **Applications must be typed or printed legibly.**

All statements are subject to verification. If space provided is insufficient, please add additional pages and identify material by item number.

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip code)

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you 21 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**1. High School and College or University:** List high school, universities and graduate schools attended, dates and degrees earned. **Request an official college transcript be forwarded to the Board office.**

High School	Location (State)	Major	Year Graduated
_____	_____	_____	_____
College/University			
_____	_____	_____	_____
_____	_____	_____	_____

**2. Work History:** List your employment history beginning with the most current. If space provided is insufficient, please add additional pages and identify material by item number.

(Employer)	(Address)	(From/To)
(Employer)	(Address)	(From/To)
(Employer)	(Address)	(From/To)
(Employer)	(Address)	(From/To)
(Employer)	(Address)	(From/To)
(Employer)	(Address)	(From/To)

**3. Military:** If you have served in a military or naval organization of the United States, please provide Statement of Service (DD Form 214).

(Branch of Service)	(Dates of Service)
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**4. Traffic/Criminal:** Please respond to the following questions regarding traffic and/or criminal history. If space provided is insufficient, please add additional page(s) and identify material by item number.

1. Do you possess a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No  
State of \_\_\_\_\_ License # \_\_\_\_\_ Year Issued \_\_\_\_\_

2. Was your license ever suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

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4. Have you ever been convicted of a misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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5. Are you now, or have you ever been dependent upon the use of alcohol, stimulants or habit-forming drugs or been treated or disciplined for their use? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

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**5. Certifications: Please provide a copy of the following information and send it to the board office:**

1. Federal maritime license you hold.
  2. Copy of criminal history record. (In Delaware, contact the State Bureau of Identification.)
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AFFIDAVIT

County of \_\_\_\_\_

State of \_\_\_\_\_

I, \_\_\_\_\_, the applicant named herein, do declare and affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Notary Public)

**Please return application to:** Delaware Board of Pilot Commissioners  
861 Silver Lake Blvd, Cannon Bldg., Suite 203, Dover De 19904